

	United States Environmental Protection Agency Washington, DC 20460	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Other	OPP Identifier Number
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Application for Pesticide – Section I

1. Company/Product Number Bayer CropScience LP / 264-1210	2. EPA Product Manager Emily Schmid	3. Proposed Classification <input type="checkbox"/> None <input checked="" type="checkbox"/> Restricted
4. Company/Product (Name) Bayer CropScience LP / XtendiMax® With VaporGrip® Technology	PM # 25	
5. Name and Address of Applicant (Include ZIP Code) Bayer CropScience LP 801 Pennsylvania Ave, NW – Suite 900 Washington, DC 20004 <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____

Section – II

<input checked="" type="checkbox"/> Amendment – Explain below. <input type="checkbox"/> Resubmission in response to Agency letter dated _____ <input type="checkbox"/> Notification – Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____ <input type="checkbox"/> "Me Too" Application. <input type="checkbox"/> Other – Explain below.
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Explanation: Use additional page(s) if necessary. (For section I and Section II.)
 XtendiMax® With VaporGrip® Technology (EPA Reg. No. 264-1210, Decision No. 564515) Updated Fast Track Amendment to Implement Regional Measures for 2023 Growing Season

Section – III

1. Material This Product Will Be Packaged In:			
Child-Resistant Packaging <input type="checkbox"/> Yes* <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Type of Container <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____
* Certification must be submitted		If "Yes" Unit Packaging wgt. No. per Container	If "Yes" Package wgt. No. per Container
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container	5. Location of Label Directions <input type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Other _____ <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled			

Section – IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)			
Name George Sabbagh	Title Head Regulatory Engagement	Telephone No. (Include Area Code) 913-231-6291	
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received (Stamped)
2. Signature 	3. Title Federal Regulatory Manager		
4. Typed Name Arthur Toscano	5. Date February 7, 2023		